DESIG	NATION OR REVOCATION OF AUTHORITY	FILING REFEREN	CE ONLY	6 0.
TO:			▼	
FROM:	Fiscal Division, Payroll Branch	h		
FRUM:	Finance Division			
TYPE OF AUT	HORIZATION			,
	To sign T/A's			Payroll only)
			TEFFECTIVE DATE	
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NAME OF DES SX1A9a	IGNEE	TITLE		
		Cle	rk-Stenographer	
OFFICE	Chief, C&L Branch, FD	ROOM NO. AND BUILDING SECOND NO. AND BUILDING		EXTENSION X 7416
SPECIMEN SIGNATURE OF DESIGNEE (If required)		· · · · · · · · · · · · · · · · · · ·	2 1-20	
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REMARKS (St	ate whether a previous authorization is bein	ng revoked)		
5X1A9a				
	Revoke authorization for			
DATE				
6 June 1962		ITHORIZING OFFICIAL	25X	
	THORIZING OFFICIAL			A
TITLE OF AUT	INUKIZING OFFICIAL			